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The Evaluation of Program Implementation of Comprehensive Emergency Obstetric Neonatal Care (CEONC) in Wahidin Sudiro Husodo Hospital in the Achievement of the MDG's 2015

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Abstract- Based on the report of Indonesian millennium development goals (MDGs) in 2010, the maternal mortality rate still has to become special concern. Maternal mortality rate per 100,000 live births in 1991 is 390 in 2007 to 228, while the target achievement in 2015 is 102. Wahidin Sudiro Husodo Hospital (RSWS) is one of the top referral hospital Comprehensive Emergency Obstetric Neonatal Care (CEONC) services in South Sulawesi. In order to improve the achievement of the MDG's, especially a decrease in maternal and child mortality rates, the Ministry of Health issued Comprehensive Emergency Obstetric Neonatal Care (CEONC) guidelines on hospital. Based on the research result of South Sulawesi Provincial Health Office is only 17.8 % of hospitals met the criteria of CEONC. The purpose of this study is to evaluate the achievement of hospital performance management in implementing Comprehensive Emergency Obstetric Neonatal Care (CEONC). This research is a quantitative study with examining the case study method. The results indicated that the performance achievement of 86.79 % perinatology unit which means there is still a gap of 13.21 %. While the magnitude of obstetric units or performance of 81.44 % is still a gap of 18.56 %. It is recommended for the low achievement in service performance CEONC in hospital where achievement of performance targets ideal is 100 % then all the parties concerned should prioritize and collaborate in the improvement of the implementation of the national action program to support the achievement of the MDG's by 2015.

Index Terms: Evaluation, comprehensive care program, the MDG's

I. INTRODUCTION

From all of the MDGs, the reduction of maternal mortality rate is low globally. In Indonesia, the maternal mortality rate (MMR / Maternal Mortality Rate) decreased from 390 in 1991 to 228 per 100,000 live births in 2007. MDG target by 2015 is 102 per 100,000 live births, so that it takes hard work to achieve these targets (Bappenas, 2010). In the future, the effort on increasing maternal health can be prioritized especially on expanding the quality of health care and comprehensive obstetric care, improving family planning services and dissemination of communication, information and education to the community.

The maternal mortality rate (MMR) and Neonatal Mortality Rate (AKN) in Indonesia is still the highest among ASEAN countries. While it is relatively slow decline in numbers, (AKI from 1994 to 307/100.000 390/100.000 1997 and AKN from 282/1000 live births to 21.8 in 1997). One of the major obstacles slow declines in MMR and AKN in Indonesia is a barrier to the provision of and access to emergency obstetric and neonatal care (DGYannmed, 2008). Based on the report of achievement of the Millennium Development Goals Indonesia in 2010, the maternal mortality rate still needs special attention. Maternal mortality rate per 100,000 live births in 1991 amounted to 390 in 2007 to 228, while the target achievement in 2015 amounted to 102 (Bappenas, 2010)

In Indonesia the causes of maternal death are hemorrhage and infection eclampsia, obstructed labor and complications abortion. Death cause was bleeding mostly due to the retention of this placenta. This is indicated that management of the third stage is less adequate. Whereas maternal mortality due to infection of an indicator of less the good prevention and management infection. Death of mother due to complications of abortion is the result of unwanted pregnancies (KTD).

Programs to reduce maternal mortality and infant (maternal neonatal) and improving maternal and infant care problems that have the labor and complications of preterm birth is very required. Therefore, it is necessary to obtain the support factor CEONC special skills of health workers and maternal and infant health care quality in Hospital.